AUSTRALIAN CALIBRATING SERVICES (A'SIA) PTY LTD

CREDIT CARD PAYMENT DETAILS

Date Received: ..... Customer No.: .....

Company Name: .....

.....

Contact Name: .....

Phone: .....

Email Address: .....

PLEASE NOTE: RECEIPTS WILL BE SENT VIA EMAIL ONLY.

Invoice No: .....

Invoice Amt: $ .....

Card Type: VISA MASTERCARD

Card Number: | | | | | - | | | | | - | | | | | - | | | | |

Card Exp Date: | | | / | | |

CCV No.: | | | | ***NB: only required for transactions over $10,000.***

Card Name: .....

PLEASE SEND COMPLETED FORM TO:
EMAIL: accounts@auscal.com.au OR
FAX TO: (03) 9417 – 1578